

# APPLICATION FOR EMPLOYMENT

## CITY OF WABASH, INDIANA

*An Equal Opportunity Employer*

*(Part Time)*

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The City of Wabash, Indiana, does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability in employment or the provision of services.

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Please type or print responses to ALL questions on the application form. Any application not completed in its entirety will be disqualified. All questions MUST be answered. Do not leave any blank spaces. Write N/A in the space provided, if a question does not apply.

Position: Part Time \_\_\_\_\_ department

NAME: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
Street City Zip

Phone \_\_\_\_\_ Are you at least 16 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Date available to start work: \_\_\_\_\_

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### EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience beginning with last employer first:

Employer or work experience \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Beginning salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Briefly describe the work you do such as duties, responsibilities, equipment you operate, promotions:

\_\_\_\_\_

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(If additional employers/work experience, please use additional blank sheet)

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PERSONAL INFORMATION

Do you have any commitments that might interfere with or adversely affect your employment with us, such as a second job or school? Yes \_\_\_ No \_\_\_ If yes, please explain:

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- List three references that are not related to you and are not former employers or supervisors:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Number of years known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Number of years known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Number of years known \_\_\_\_\_

EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you are taking and may have completed to describe your skills, knowledge and abilities to perform the duties of the position.

High School Attending \_\_\_\_\_

Courses taking or completed \_\_\_\_\_

Activities, awards (You may exclude any which indicate race, color, religion, gender, age, national origin, or disability) \_\_\_\_\_

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APPLICANT CERTIFICATION

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

• I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing. Initials: \_\_\_\_\_

• I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers. Initials: \_\_\_\_\_

• I understand and accept that if any information required in this application is found to be falsified or intentionally excluded that my application may be disqualified from further consideration. I further understand and accept that, if the employer employs me, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded. Initials: \_\_\_\_\_

• I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

By submitting this document, I hereby agree that I shall execute the employer’s conditional and postemployment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant’s signature

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AUTHORIZATION AND RELEASE

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In applying for employment, I want the City of Wabash to be fully informed of my work history. I therefore, authorize the City of Wabash to investigate my background and to obtain any and all information that may concern me. I release all persons including the City of Wabash, schools, companies, corporations, credit bureaus and law enforcement agencies from any liability on account of furnishing such information.

I fully understand that if employed, any misrepresentation of facts on my application is sufficient reason for my termination. In addition to my authorization and release of information and entities set forth above, I also authorize the City of Wabash to discuss the results of any pre-employment investigation with persons who conduct the interviews in any investigation, as well as with those individuals responsible for hiring.

I understand that nothing contained in my application or in the granting of or conducting of an interview is intended to create an employment contract or binding contractual relationship between the City of Wabash and myself, either for employment or for the providing of any benefit.

No promises regarding employment or duration of employment have been made to me and I understand that no such promises or guarantees are binding upon the City of Wabash unless made in writing by the Mayor, Board of Works, or designee.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time, with or without notice, and the City of Wabash may terminate my employment at any time pursuant to the express provisions of the Personnel Policies Handbook if applicable to me. If any employment relationship is established in consideration of such an employment relationship, I agree not to use or reveal any confidential information of the City of Wabash.

The City of Wabash and its elected officials, administrators, manager, employees and agents are all released by me for any legal responsibility or liability for the release of such information and records as authorized above or any other liability that may arise from the release of such information.

I have read the above statement carefully and, if employed, I agree to abide by all of the terms set forth above.

\_\_\_\_\_ Applicant's signature  
Date

